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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	0113019.00152US3
First Named Inventor	Kenneth D. SOMERS
COMPLETE IF KNOWN	
Application Number	10/569,078
Filing Date	February 21, 2006
Art Unit	N/A
Examiner Name	Not Yet Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR DIAGNOSING HEAD AND NECK SQUAMOUS CELL CARCINOMA

(Title of the invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 02/21/2006 as United States Application Number or PCT International

Application Number 10/569078 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 385(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ The address associated with Customer Number: 24395 OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Email

WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2036 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2036 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle if any)

Kenneth D.

Family Name
or Surname

SOMERS

Inventor's
Signature*Kenneth D. Somers*

Date

11-03-06

Residence: City

Richmond

State

VA

Country

United States of America

Citizenship

US

Mailing
Address:

621 Graydon Avenue 10210 Maremont Circle

City

Richmond

State

VA

Zip

23238

Country

United States of America

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle if any)

Bao-Ling

Family Name
or Surname

ADAM

Inventor's
Signature*Bao-Ling*

Date

11-15-06

Residence: City

Norfolk

State

VA

Country

United States of America

Citizenship

US

Mailing
Address:

769 W. 52nd Street

City

Norfolk

State

VA

Zip

23508

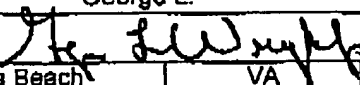
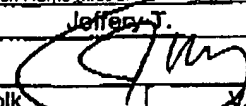
Country

United States of America

☒

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet		Page 1 of 1	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) George L.				Family Name or Surname WRIGHT, Jr.			
Inventor's Signature 				Date 12/5/06			
Residence: City Virginia Beach		State VA		Country United States of America		Citizenship US	
Mailing Address: 829 Moultrie Court							
City Virginia Beach		State VA		Zip 23455		Country United States of America	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Jeffery J.				Family Name or Surname WADSWORTH			
Inventor's Signature 				Date 12/15/06			
Residence: City Suffolk		State VA		Country United States of America		Citizenship US	
Mailing Address: 5002 Marsh Ridge Court							
City Suffolk		State VA		Zip 23455		Country United States of America	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Mailing Address:							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Mailing Address:							
City		State		Zip		Country	



PTO/SB/81 (01-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/569,078
Filing Date	February 21, 2008
First Named Inventor	Kenneth D. SOMERS
Title	METHOD FOR DIAGNOSING HEAD AND NECK SQUAMOUS CELL CARCINOMA
Art Unit	N/A
Examiner Name	Not Yet Assigned
Attorney Docket No.	0113019.00152US3

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

- ☒ Practitioners associated with the Customer Number:
OR
☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States
Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

- ☐ The address associated with the above-mentioned Customer Number.
OR
☐ The address associated with Customer Number:

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

- ☐ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Kenneth D. Somers</i>	Date	11-03-06
Name	Kenneth D. SOMERS	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple
forms if more than one signature is required, see below.☒ Total of 4 forms are submitted.



PTO/SB/81 (01-08)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/589,078
Filing Date	February 21, 2006
First Named Inventor	Kenneth D. SOMERS
Title	METHOD FOR DIAGNOSING HEAD AND NECK SQUAMOUS CELL CARCINOMA
Art Unit	N/A
Examiner Name	Not Yet Assigned
Attorney Docket No.	0113019.00152US3

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 24395

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States
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☐ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Address

City	State	Zip
Country	Telephone	Email

I am the:

☐ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Bao-Ling ADAM</i>	Date	11-15-06
Name	Bao-Ling ADAM	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple
forms if more than one signature is required, see below.☒ *Total of 4 forms are submitted.



PTO/SB/81 (01-06)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/569,078		
	Filing Date	February 21, 2006		
	First Named Inventor	Kenneth D. SOMERS		
	Title	METHOD FOR DIAGNOSING HEAD AND NECK SQUAMOUS CELL CARCINOMA		
	Art Unit	N/A		
	Examiner Name	Not Yet Assigned		
	Attorney Docket No.	0113019.00152US3		
I hereby revoke all previous powers of attorney given in the above-identified application.				
I hereby appoint:				
<input checked="" type="checkbox"/> Practitioners associated with the Customer Number: 24395				
OR				
<input type="checkbox"/> Practitioner(s) named below:				
Name		Registration Number	Name	Registration Number
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.				
Please recognize or change the correspondence address for the above-identified application to:				
<input type="checkbox"/> The address associated with the above-mentioned Customer Number:				
OR				
<input type="checkbox"/> The address associated with Customer Number:				
OR				
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State	Zip	
Country		Telephone	Email	
I am the:				
<input type="checkbox"/> Applicant/Inventor.				
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature	George L. WRIGHT, Jr.		Date	4/5/06
Name	George L. WRIGHT, Jr.		Telephone	
Title and Company	Inventor			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input checked="" type="checkbox"/> Total of 4 forms are submitted.				



PTO/SB/81 (01-06)

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	Filing Date	February 21, 2008
	First Named Inventor	Kenneth D. SOMERS
	Title	METHOD FOR DIAGNOSING HEAD AND NECK SQUAMOUS CELL CARCINOMA
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	0113019.00152US3

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☐ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12/15/06
Name	Jeffrey T. WADSWORTH	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple
forms if more than one signature is required, see below.☒ Total of 4 forms are submitted.